

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018122

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 624 STATE FILE NUMBER

FILED JUN 11 1962

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph, Missouri</b> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>419 North 6th Street</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b> c. CITY OR TOWN <b>St. Joseph, Missouri</b> d. STREET ADDRESS (If outside, give location) <b>419 North 6th Street</b>	
3. NAME OF DECEASED (Type or print) First <b>JERRY</b> Middle <b>NETT</b> Last <b>NETT</b>		4. DATE OF DEATH Month <b>May</b> Day <b>25</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 30, 1889</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Burlington Railroad</b>	11. BIRTHPLACE (City and state or country) <b>Dexter, Texas</b>
13a. FATHER'S NAME <b>Joseph Nett</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Chemlarck</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT <b>Brother</b> Address <b>Mr. Alfred Nett-Marietta, Oklahoma</b>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Unattended Death - Apparently Natural Causes, Investigated by the City Health Department.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Natural Causes, Investigated by the City Health Department.</b> DUE TO (c) <b>by the City Health Department.</b>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>2:00</b> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	COUNTY <b>Missouri</b> STATE <b>Missouri</b>
21. I attended the deceased from <b>2:00</b> to <b>2:00</b> and last saw her/him alive on <b>May 27, 1962</b> Death occurred at <b>St. Joseph, Missouri</b> the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Robert W. Kiebert, M.D.</b>		22b. ADDRESS <b>St. Joseph, Missouri</b>	22c. DATE SIGNED <b>5-31-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>May 27, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Marietta, Oklahoma</b>	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <b>Meierhoffer-Fleeman Inc., St. Joseph, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>June 4, 1962</b>	26. REGISTRAR'S SIGNATURE <b>Wm. Clark Handell</b>

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

R.W. Kiebert, M.D. MEDICAL CERTIFICATION

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Rev. 4/5915117  
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Raymond D. Moor*

Licensed Embalmer No. 5147

P. O. Address

*St Joseph, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.